



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re U.S. Patent Application of )

SASAKI et al. )

Art Unit 3685

Application Number: 10/627,673 )

Filed: July 28, 2003 )

For: MEDICAL SUPPORT SYSTEM )

Examiner:  
QAYYUM, ZESHAN

ATTORNEY DOCKET NO. HIRA.0118 )

Commissioner of Patents

P.O. Box 1450

Alexandria, VA 22313-1450

**COVER LETTER**

Sir:

[ x ] The fee for submission of claims is calculated as shown below:

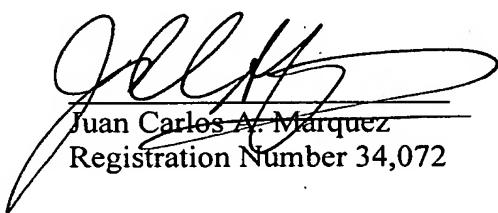
FOR	TOTAL WITH NEW CLAIMS ADDED	TOTAL CURRENTLY ON FILE	CLAIMS ALREADY PAID	RATE	CALCULATION
Total Claims	4	4	(Over 20)	x \$52	0
Independent Claims	4	4	1 (Over 3)	x \$220	0
MULTIPLE DEPENDENT CLAIM(S)				+ \$390	0
REDUCTION FOR FILING BY SMALL ENTITY (note 37 C.F.R. §§ 1.9, 1.27, 1.28). IF APPLICABLE, VERIFIED STATEMENT MUST BE ATTACHED				x ½	
				TOTAL	0

In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

- [ x ] Response/Preliminary Amendment [ x ] Petition for 2-month Extension of Time  
(with Claim Amendments) [ ] Information Disclosure Statement w/ Form 1449
- [ ] Preliminary Amendment [ ] Letter to Draftsperson
- [ ] Substitute Specification [ ]        sheets of replacement drawings
- [ ] Terminal Disclaimer [ x ] Request for Continued Examination

- Please charge my **Deposit Account Number** \_\_\_\_\_ in the amount of \_\_\_\_\_ to cover the fees for \_\_\_\_\_. A duplicate copy of this paper is enclosed.
- Checks in the amount of **\$810.00** for the RCE fee and **\$490.00** to cover the 2-month extension of time fee are enclosed.
- The Commissioner is hereby authorized to charge any additional fees associated with this communication, or credit any overpayment to **Deposit Account Number 08-1480**.

Respectfully submitted,



Juan Carlos A. Marquez  
Registration Number 34,072

**REED SMITH LLP**  
3110 Fairview Park Drive, Suite 1400  
Falls Church, Virginia 22042  
(703) 641-4200  
**May 8, 2009**



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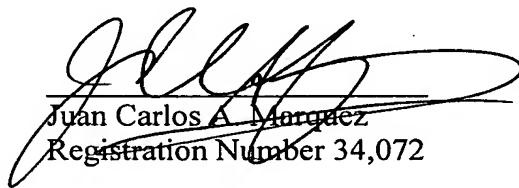
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